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Bib Data Sheet

CONFIRMATION NO. 1482

SERIAL NUMBER 10/760,956	FILING DATE 01/20/2004 RULE	CLASS 251	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 133040-0001
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APPLICANTS *pu*

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** CONTINUING DATA ***** *pu*** FOREIGN APPLICATIONS ***** *pu*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 04/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 9	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met-after Allowance				
Verified and Acknowledged <i>pu</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Pinch valve

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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